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Docket Number

117645-1033

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Claims in			Number Filed in		(3)		Small Entity			Other than a Small Entity					Ì	
F	Patent		Reissue	Application	Number	Extra	R	ate		Fee	1		Rate	Fee		l
(A)	8	Total Claims (37 CFR 1.16(j))	(B)	9	****	=	x \$	9	=	\$0	or	x \$	18 =		\$0	ļ
(C)	4	Independent claims (37 CFR 1.16(i))	(D)	5	1	=	x \$	42	=	\$42		x \$	84 _=		\$84	
	· 				Basic Fee	e (37 C	FR			\$375					\$750	J
					Total I	Filing F	ee			\$417					\$834	

Claims as Amended - Part 2

	(1)		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity			ntity	Other than a Small Entity				
	Claims Remaining After Amendment					Rate		Fee		F	Rate		Fee
Total Claims (37 CFR 1.16(j)	***	MINUS	**	*	x \$	9	=	\$0	×	\$	18	=	\$0
Independent Claims (37 CFR 1.16(i))	***	MINUS	****	=	x \$	42	=	\$0	×	\$	84	=	\$0
-	,			Total Ad	dition	al Fe	е	\$0		C)R		\$0

* If the entry i	n (D) is	less than t	the entry in	(C), Write	"0" in	column 3.
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\boxtimes	Applicant claims small entity status. See 37 CFR 1.27.	
	Please charge Deposit Account NoA duplicate copy of this sheet is	in the amount of
\	The Commissioner is hereby authorized to charge any a credit any overpayment to Deposit Account No. <u>50-0856</u> A duplicate copy of this sheet is enclosed.	additional fees under 37 CFR 1.16 or 1.17 which may be required, or
\boxtimes	A check in the amount of \$ 417	_ to cover the filing / additional fee is enclosed.
	Payment by credit card. Form PTO-2038 is attached.	
2		·

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June 27,2003

Signature of Applicant, Attorney or Agent of Record

Michael A. O'Neil

Typed or printed name

^{**} If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

^{***} After any cancellation of claims.

^{****} If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

^{***** &}quot;Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).